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APPLICANTS

Gholam Peyman, New Orleans, LA;

** CONTINUING DATA *****

none JS

** FOREIGN APPLICATIONS *****

none JS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 0	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

ADDRESS

26875
 WOOD, HERRON & EVANS, LLP
 2700 CAREW TOWER
 441 VINE STREET
 CINCINNATI, OH
 45202

TITLE

Treatment of ocular disease

FILING FEE RECEIVED 849	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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